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EX 2009	α,	Docket Number (Optional) 393032043800		
FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				
pplication Number 10/786,512	Filed	February 24	, 2004	
OPTICAL DISK RECORDING METHOD AND APPARATUS LASER BEAM CONTROL	USING ALTERNA	TIVE STRATE	GIES OF	
art Unit 2627	Examiner	Thomas D	. Alunkal	
his is a request under the provisions of 37 CFR 1.136(a) to extend the pplication.	period for filing a re	ply in the above	identified	
he requested extension and fee are as follows (check time period desi	ired and enter the ap	propriate fee be	elow):	
<u> </u>	Small Entity	<u>/ Fee</u>		
One month (37 CFR 1.17(a)(1)) \$120	\$60	\$		
Two months (37 CFR 1.17(a)(2)) \$460	\$230	\$		
X Three months (37 CFR 1.17(a)(3)) \$1050	\$525	\$	1,050.00	
Four months (37 CFR 1.17(a)(4)) \$1640	\$820	\$		
Five months (37 CFR 1.17(a)(5)) \$2230	\$1115	\$		
Applicant claims small entity status. See 37 CFR 1.27,		·		
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.		_		
The Director has already been authorized to charge fees in t	this application to a	Deposit Accou	int.	
Transmitta	may be required, or closed a duplicate c al form (PTO/SB/1 <u>7</u> n in duplicate.	opy-of this-she	et. Fee	
WARNING: Information on this form may become public. Credit car Provide credit card information and authorization on PTO-2038.	rd information should	not be included	on this form.	
I am the applicant/inventor.				
assignee of record of the entire interest. See 3 Statement under 37 CFR 3.73(b) is enclosed		SR/96\		
attorney or agent of record. Registration Numl				
attorney or agent under 37 CFR 1.34.		•	•	
Registration number if acting under 37 CFR 1.3	4			
	Na	ovember 26, 20	07	
Signature		Date		
Hristo I. Vachovsky	-	(213) 892-5790		
Typed or printed name	Te	elephone Numb		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or the than one signature is required, see below.	ir represe ាំ ម្នាស់ទៀត	RHCD AERT "GOOD	026A 971952	
	01 FC:1253	1050.00	DA	
Total of 1 forms are submitted.				

I hereby certify that this paper is being deposited with the U.S. Postal Service as First Class Mail, on the date shown below in an envelope addressed to:

MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA-22313-1450.

Dated: November 26, 2007

Signature:

Ppw/

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PTO/SB/17 (10-07)

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Effective on 12/08	/2004	Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Numb	lication Number 10/786,512					
FEE TRANSMITTAL		Filing Date	Fe	February 24, 2004				
		First Named Inve	entor Yu	Yukihisa NAKAJO				
For FY 2008		Examiner Name	Th	Thomas D. Alunkal		·		
Applicant claims small entity status. See 37 CFR 1.27		7.11. 01.11.		2627				
TOTAL AMOUNT OF PAYMENT	(\$) 1,050.00	Attorney Docket No. 393032043800						
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
FILING FEES SEARCH FEES EXAMINATION FEES								
Application Type Fee (Small Entity Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)		
Utility 310		255	210	105	<u>, , , , , , , , , , , , , , , , , , , </u>			
Design 210		50	130	65				
Plant 210		155	160	80		· · · · · · · · · · · · · · · · · · ·		
Reissue 310		255	620	310				
Provisional 210		0	0	0		<u></u> .		
	105	U	U	U		Small Entitud		
2. EXCESS CLAIM FEES <u>Small Entity</u> <u>Fee Description</u> <u>Fee (\$)</u> Fee (\$)								
Each claim over 20 (including Reissues) 50 25								
					105			
Multiple dependent claims	,				370	185		
Total Claims Extra Claims	Fee (\$) Fee	Paid (\$)	Mult	liple Depende	ent Claims			
48 =0	x =	0	Fee	<u>(\$)</u>	Fee Paid (\$	1		
HP = highest number of total claims paid for	r, if greater than 20.				0			
Indep. Claims Extra Claims	Fee (\$) Fee	Paid (\$)						
8 -8 = <u>0</u>	X ====================================	0						
HP = highest number of independent claim	s paid for, it greater than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Shee		additional 50 or fract	lon thereof	Fee (\$)	Fee F	Paid (\$)		
100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,050.00								
SUBMITTED BY								
		Registration No.	55 60A	Telephone	(212) 201	25700		
Signature		(Attorney/Agent)	55,694	Telephone	(213) 892-5790			
Name (Print/Type) -Hristo I. Vachovs	sky C.			Date	Vovember	26, 2007		

First Class Mail